

ዓመታዊ ናይ ባህሪ ጥዕና መሕተት

ናይ ተሓክምቲ መግለጺ

ስም: _____

MRN: _____

ዕለት: _____

ኣብ ዓመት ኣደ ግዜ፣ ኩሎም ተሓክምቲና ንጥዕናኡም ዝጸልዉ ኩነታት ብዝምልከት ነዚ ቅጥዒ ክመልኡ ንሓቶም። ብኸብረትካ እዞም ኣብ ታሕቲ ዘለዉ ሕቶታት ብምምላስ ብሉጽ ሕክምናዊ ክንክን ክንገብረልካ ሓግዘና።

ብኸብረትካ ኣብ ሕድሕድ ሕቶ እቲ ዝበለጸ መልሲ ኣኸብብ።0

(PHQ-2)

ኣብቲ ዝሓለፈ 2 ሰሙን፣ እዞም ዝሰዕቡ ጸገማት ክንደይ ዝኣክል የጨንቑኻ ኔርም፡

1. ነገራት ኣብ ምግባር ትሑት ድሌት ወይከአ ታሕጓስ ምህላው?	ፈጻሚ ተጨኒቐ ኣይፈልጥን 0	ብዙሕ መዓልቲ 1	ንልዕሊ ፍርቂ እተን መዓልቲታት 2	ኣስታት ኩሉ መዓልቲ 3
2. ምሕዛን፣ ምጭናቕ ወይከአ ተስፋ ምቕራጽ?	ፈጻሚ ተጨኒቐ ኣይፈልጥን 0	ብዙሕ መዓልቲ 1	ንልዕሊ ፍርቂ እተን መዓልቲታት 2	ኣስታት ኩሉ መዓልቲ 3

(AUDIT-C)

ኣብቲ ዝሓለፈ ዓመት...

3. ኣብቲ ዝሓለፈ ዓመት ክንደየናይ ኣልኮላዊ መስተ ትሰቲ ኔርካ?	ተጠቕመ ኣይፈልጥን 0	ኣብ ወርሒ ኣደ ግዜ ወይ ካብ ኣደ ግዜ ንታሕቲ 1	ካብ 2 ክሳብ 4 ግዜ ኣብ ወርሒ 2	ካብ 2 ክሳብ 3 ግዜ ኣብ ሰሙን 3	4 ወይ ዝበዝሕ ግዜ ኣብ ሰሙን 4	
4. ኣብቲ ዝሓለፈ ዓመት ኣብ ኣደ መዓልቲ ክንደይ ኣልኮላዊ መስተ ትሰቲ ኔርካ?	ፈጻሚ ሰትየ ኣይፈልጥን 0	1 ወይ 2 ደሰቲ 0	3 ወይ 4 ደሰቲ 1	5 ወይ 6 ደሰቲ 2	ካብ 7 ክሳብ 9 ደሰቲ 3	10 ወይ ዝበዝሕ ደሰቲ 4
5. ኣብቲ ዝሓለፈ ዓመት ኣብ ከክንደይ ግዜ 6 ወይ ዝበዝሕ መስተ ኣብ ኣደ ግዜ ትሰቲ ኔርካ?	ተጠቕመ ኣይፈልጥን 0	ኣብ ወርሒ ካብ ኣደ ግዜ ንታሕቲ 1	ኣብ ወርሒ ኣደ ግዜ 2	ኣብ ሰሙን ኣደ ግዜ 3	ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4	
6. ኣብቲ ዝሓለፈ ዓመት ማሪዋና ክንደየናይ ትጥቀም ኔርካ? (Marijuana)	ተጠቕመ ኣይፈልጥን 0	ኣብ ወርሒ ካብ ኣደ ግዜ ንታሕቲ 1	ኣብ ወርሒ ኣደ ግዜ 2	ኣብ ሰሙን ኣደ ግዜ 3	ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4	
7. ኣብቲ ዝሓለፈ ዓመት ዘይሕጋዊ ዕጻፋርስ (ማሪዋና ዘይኮነ) ክንደይ ዝኣክል ትጥቀም ኔርካ ወይከአ ብሓኪም ዝተኣዘዘልካ መድሓኒት ክንደየናይ ንዘይሕክምናዊ ዕላማ ተጠቕምካ? (Drugs)	ተጠቕመ ኣይፈልጥን 0	ኣብ ወርሒ ካብ ኣደ ግዜ ንታሕቲ 1	ኣብ ወርሒ ኣደ ግዜ 2	ኣብ ሰሙን ኣደ ግዜ 3	ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4	

Annual Behavioral Health Questionnaire



Patient Label
Name: _____
MRN: _____
Date: _____

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please CIRCLE the BEST response to each question.

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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2. Feeling down, depressed, or hopeless?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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In the past year...

3. How often did you have a drink containing alcohol in the past year?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4
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4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
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5. How often did you have <u>6 or more</u> drinks on one occasion in the past year?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
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6. How often in the past year have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
--	-------------------	-------------------------------	---------------------	--------------------	-----------------------------------

7. How often in the past year have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
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PHQ-9 ግብይት* ናይ ተሓካሚ ጥዕና መሕተት

ከተማ/ክፍለ-ዞን	ፊደል ቁጥር	ብዙሕ መዓልት	ግልጽ ፍርቅ እየተገኘ መዓልታት	አሰታፊ ኩነት መዓልት
አብቲ ዝሓለፈ 2 ሰሙን፣ ብገለ ኩባዞም ዝሰበሰቡ ጸገማት ክገደይ ዝሓከል ተጨቓኝነት ትፈልጥ? (ብኸብረትካ መልስኻ ኣኹብብ)	0	1	2	3
3. ናይ ምውጻቕ ጸገም ወይ ድቃት ምብዛሕ ወይ ንጉደሕ እዋን ምድቃስ	0	1	2	3
4. ናይ ድኻም ስምዒት ወይ ከላ ሓይል ምስኣን	0	1	2	3
5. ዕጽው ሽውሃት ወይ ከላ ልዕሊ ዓቕን ምብላዕ	0	1	2	3
6. ንዝሉ-ርእሲኻ ብሕመም ምጥማት - ኣይረብሕኻን ወይ ከላ ንዕሰይ ወይ ንቤተሰብኻ ክሰራ እየ ኢልካ ምሕሳብ	0	1	2	3
7. ኣብ ነገራት ትኹረት ዘይምግባር፣ ጎላብነት ጋዜጣ ኣብ ምጎጎብ ወይ ከላ ተለሲኻን ኣብ ምርእይ	0	1	2	3
8. ካልኣት ሰባት ክዕዘብዎ ክሰዕ ዝኸለሉ ዘገም ኢልካ ምኽፍ ወይ ከላ ምክራብ፣ ወይ ከላ ብተቓራኒሎ - ኣዚኻ ምርባጽ ወይ ከላ ካብቲ ልሙድ ዝተፈልየ ዕረፍቲ ኣልብ ምንቅሲኻ ምግባር ወይ ከላ ኮላል ምግባር።	0	1	2	3
9. እንተዝመውት ወይ ከላ ንዝሉ-ርእሲኻ እንተዝሃሲ ምሓሸኒ ዝብሉ ተሳባት	0	1	2	3

እዞም ዝሰበሰቡ ሕቶታት እንታይ ስምዒት ከም ዝሰመዘኻ ጎንጎርድኣኣ ይሕግኻ እየዎም። ናትካ መልሲታት ንዓኻን ከምኣ እዉን ነቲ ናትኻ ደክተር ኩነታትካ ንምክትታል ይሕግኻ እየዎም።

ጥያቄ	እዉ	ኣይታል	ኣይምልከቶ?
1. ኣብ ሂደትኻ ውሽጢ ኣብ ዝኾነ እዋን፣ ናይ ምጻዕታት ተቓውሞ ኣጋጠመካ ግዘ ትፈልጥ ዶ - ብጣዕሚ ዝለዓለ ወይ ከላ ብጣዕሚ ንዝለዓለ ፍጥነት ከምኡውን ብዙሕ ሓይሊ? ደሊዮት ድቃስ ዘይምርካብ? ዝኾነ ነገር ንምግባር ምኽኣል ይኹን?			ኣይምልከቶ?
ኣኸቢብ እዉ እዚ እዉ ምልክታት እንድሕር ነይሩካ ከምኡውን እንተወሓደ ንዉሒቶት መዓልታት ዝጸንሐ ከምኡውን ኣብ ሂደትኻ ውሽጢ ሽግር ዝፈጠረ።			ኣይምልከቶ?
2. ኣብ ዝሓለፈ 2 ሰሙናት ምናልባት ብሓቁ ኣብ ውሽጢ ዘይለዉ ካልኣት ሰባት ክርእዩዎም ወይ ክሰምዑዎም ዘይከኣሉ ነገራት ስሚሒኩዮ ወይ ከላ ሓይሊ ኣለካ ዶ?			ኣይምልከቶ?
3. ኣብዚ ቐረብ እዋን ኣካል ምቕላዕ፣ ኣካላዊ ጉድኣት ወይ ከላ ዝግዳ ድታዊ ምትእስሳር ኮይንካ ዶ?			ኣይምልከቶ?
4. ኣብ ቐረብ ጊዜ ውሽጢ ከም ናይ ብጻይቲ ወይ ከላ ናይ ቤተሰብ ኣባል ሞት፣ ናይ ስራሕ ምስኣን ወይ ከላ ናይ ምትእስሳር መሰናኸላት ከም ሓድ-ሓድ ውጥረት ክሰተታት/ፍጻሎታት ወይ ከላ ናይ ሂደት ለውጥታት ኣጋጠሙካ ዶ ነይሩ?			ኣይምልከቶ?
5. ኣብ ሂደትካ ውሽጢ፣ ኣብ ዝሓለፈ ወርሒ ንዓካ ብጣዕሚ ዘፍርሕ፣ ዘክቕቕ ወይ ከላ ዘፍዳድ ኩነታት ኣጋጠሙካ ይፈልጥ?			ኣይምልከቶ?
<ul style="list-style-type: none"> ስለ ናይዚ ኩነታት ኣብዘይደለኻ ግዘ ብዘዕባ እዚ ሓሊምካ ወይ ከላ ሓሊብካ ትፈልጥ ዶ? ስለዚ ጉዳይ ንክይትሓሊብ ወይ ንዚ ኩነታት ንዝኸከሩ ነገራት ንምዉጋድ ዝገበርኩዮ ጸዕሪ ነይሩ ዶ? ካብ ካልኣት ሰባት፣ ካብ ካልኣት ስራሕቲ ወይ ከላ ምስ ክባቢ ብተሽታታሊ ኣብ ምሕላው ድኻ ዘለኻ? 			ኣይምልከቶ?

* እዚ ቕብራነቲ ዝተረጋገጸ ደረጃኡ ዝሓለወ ዓ-ሕቶታት ዝሓዘ መጠይቕ እዩ። ሕቶታት #1 ከምኡ-ድማ #2 ተወጊዶም ኣለዉ ምኽንያቲ ኣብቲ ናይ ባህሪ ጥዕና መዓረዩ (ካልኣ ገጽ ረኣይ) ኣቕይጥም ዝተመለሱ ከልተ ቀዳሞት ሕቶታት ስለዝኾኑ።
ዘዳገዎ ዶክተራት Robert L. Spitzer, Janet B.W. Williams ኩርት ከርንጌ፣ ከምኡ-ድማ መሳርሕቲ፣ ካብ Pfizer Inc. ብከረኸቦም ንምህርታዊ ምወል
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PHQ-9 for ADULTS*

Patient Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Please CIRCLE to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

The following questions will help us understand how you've been feeling. Your answers will help you and your doctor follow your progress.				
1. At any point in your life, have you gone through periods when you felt the opposite of being depressed – very 'high' or 'sped up', with lots of energy? Didn't need sleep? Felt you could do anything? Circle Yes if you had these symptoms and they lasted at least a few days and caused trouble for you in your life.	Yes	No	N/A	
2. In the past 2 weeks, have you heard or seen things that other people couldn't see or hear that might really not be there?	Yes	No	N/A	
3. Have you recently been the victim of threats, physical hurting, or forced sexual contact?	Yes	No	N/A	
4. Have you recently experienced some stressful event or life change, like the death of a friend or family member, loss of job, or relationship problems?	Yes	No	N/A	
5. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month you: <ul style="list-style-type: none"> • Have had nightmares about it or thought about it when you did not want to? • Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? • Were constantly on guard from others, activities, or your surroundings? 	Yes	No	N/A	

*This is a standardized 9-item questionnaire that has been validated. Questions #1 and #2 have been removed because they are the first two questions on the Behavioral Health screen (see other side), which have already been answered.
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